



PTO/SB/22 (09-06)

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|---|---|--|-------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br/>FY 2006</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |   | <b>Docket Number (Optional)</b><br>4845-0101PUS1   |                         |
| <b>Application Number</b> 10/530,290-Conf. #3643  |   | <b>Filed</b> June 14, 2005   |                         |
| <b>For</b> FERMENTATION BYPRODUCT FEED FORMULATION AND PROCESSING   |   |  |                         |
| <b>Art Unit</b> 1761  |   | <b>Examiner</b> K. J. Mahafey  |                         |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |   |  |                         |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |   |  |                         |
|   |   | <u>Fee</u>   | <u>Small Entity Fee</u> |
| <input checked="" type="checkbox"/>   | One month (37 CFR 1.17(a)(1))   | \$120  | \$60 \$ 60.00           |
| <input type="checkbox"/>  | Two months (37 CFR 1.17(a)(2))  | \$450  | \$225 \$                |
| <input type="checkbox"/>  | Three months (37 CFR 1.17(a)(3))  | \$1020   | \$510 \$                |
| <input type="checkbox"/>  | Four months (37 CFR 1.17(a)(4))   | \$1590   | \$795 \$                |
| <input type="checkbox"/>  | Five months (37 CFR 1.17(a)(5))   | \$2160   | \$1080 \$               |
| <input checked="" type="checkbox"/>   | Applicant claims small entity status. See 37 CFR 1.27.  |  |                         |
| <input checked="" type="checkbox"/>   | A check in the amount of the fee is enclosed.   |  |                         |
| <input type="checkbox"/>  | Payment by credit card. Form PTO-2038 is attached.  |  |                         |
| <input type="checkbox"/>  | The Director has already been authorized to charge fees in this application to a Deposit Account.   |  |                         |
| <input checked="" type="checkbox"/>   | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>02-2448</u> . I have enclosed a duplicate copy of this sheet. |  |                         |
| I am the  | <input type="checkbox"/>  | applicant/inventor.  |                         |
|   | <input type="checkbox"/>  | assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). |                         |
|   | <input checked="" type="checkbox"/>   | attorney or agent of record. Registration Number <u>46,472</u>   |                         |
|   | <input type="checkbox"/>  | attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____                                |                         |
| <u>Robert J. Webster</u><br>Signature   |   | <u>October 2, 2006</u><br>Date   |                         |
| <u>Robert J. Webster</u><br>Typed or printed name   |   | <u>(703) 205-8000</u><br>Telephone Number  |                         |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |   |  |                         |
| <input type="checkbox"/>  | Total of <u>1</u> forms are submitted.  |  |                         |

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